

Group Training Funding Request

LOGISTICS:

Date: _____

Time: _____

Place: _____

Location: _____

TRAINING DESCRIPTION: _____**PERSONNEL INVOLVED:**

Employee Name	Title	Section

SOURCE & ESTIMATED COSTS FOR ACTIVITY (Include any travel, lodging, registration fee, instructor, facility fees, etc.)

Federal: _____

State: _____

Other: _____

PURPOSE OF TRAINING: _____**Reviewed & Recommend:**

/ _____

Division/Section

Design, Schedule & Attendees

Yes

No

☐☐

Date _____

Overall Appropriateness

Yes

No

☐☐

Date _____

Funding Availability

Yes

No

☐☐

Date _____

All of the above

Yes

No

☐☐

Date _____

/ _____

Director/Deputy Director